

Spotlight

BENEFITS & WELLNESS NEWSLETTER

November 2015

Flexible Spending Account

Open Enrollment

Produced by the Franklin County Benefits and Risk Management Department for members of the Franklin County Cooperative Health Benefits Program

In our continued effort to provide Franklin County Cooperative members with a well-rounded, comprehensive benefit program, County employees are being offered an opportunity to enroll in health and dependent care Flexible Spending Accounts, effective January 1, 2016.

Flexible Spending Accounts (FSAs) allow you to deduct dollars from your paycheck - before they are taxed - and use those dollars to pay for eligible out-of-pocket health and dependent care expenses. By using pre-tax FSA dollars rather than post-tax salary to pay for these out-of-pocket expenses, you save on your family's health, pharmacy, dental, vision and dependent care expenses. For every dollar set aside in an FSA account, you save.

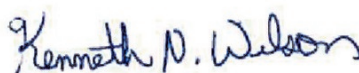
"For every dollar set aside in an FSA account, you save."

There are specific IRS rules that apply to Flexible Spending Accounts, so I encourage you to take advantage of all the resources available to you to learn about these programs. Read the *Spotlight*, attend an employee meeting, refer to the materials at <https://fccbenefits.com> and use your Employee Assistance Program (EAP) benefit for applicable policy and financial advice.

For those of you participating in ThriveOn's new challenge - Good Nights, Great Days! - thank you for recognizing the importance of sleep to your overall health. Improving your health and the health of your family members is key in managing health care costs of the Cooperative.

Sometimes it is easy to lose sight of how impactful your health care decisions and actions can be. For example, because the Cooperative includes many employees from multiple counties, you may not view yourself or your family as having much of an impact on the Cooperative's overall costs and operations. But remember you are one of 6,600 employees covered by the Cooperative. Your actions and decisions count as much as the actions and decisions of the other 6,599. Set an example. Take greater personal responsibility for your wellness. Always seek the most cost effective and quality care available. Take advantage of the essential programs and services available to you.

Thank you.



County Administrator, Franklin County

HAVE YOU HEARD ABOUT YOUR NEW FLEXIBLE SPENDING ACCOUNT BENEFIT?

Flexible Spending Accounts (FSA) allow you to pay for out-of-pocket health and dependent care expenses with pre-tax dollars.

Reduce your taxable income by up to \$6,200 dollars a year!

FSA SPECIAL OPEN ENROLLMENT

is November 16, 2015 through December 4, 2015. Annual open enrollment for health and life benefits begins in February, 2016.

PLEASE ATTEND AN EMPLOYEE MEETING

to learn more about your FSA options. See inside for a calendar of meetings.

BUSINESSOLVER

is your new online enrollment system where all enrollments and life event changes must be submitted.

Use the company key: **fcc** and register at <https://fccbenefits.com>.

2016 FSA Open Enrollment

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FSA BASICS

A Flexible Spending Account (FSA) is an employer-sponsored benefit program that allows you to set aside pre-tax dollars from your paycheck to pay for eligible health or dependent care expenses.

ELIGIBILITY

If you are a benefits eligible employee, you are eligible to participate in the health and dependent care FSA plans. You do not need to be enrolled in the health plan in order to participate. This is a 100% voluntary program.

ENROLLMENT

Your initial enrollment for the FSA program begins November 16, 2015, and runs through December 4, 2015. Your FSA plan is effective January 1, 2016. You cannot change your FSA elections unless you experience certain qualifying life events. See page 9.

FSA PLAN YEAR

Your FSA plan year/coverage period begins January 1, 2016, and ends December 31, 2016. This is different than your health plan. The plan year for your health benefits is from April 1st to March 31st.

FSA FUNDS

Dollars set aside into a health care FSA are available on the 1st day of the plan year, or January 1st. Dependent care FSA dollars are only available as they are deducted from your paycheck. See pages 3 and 6 for examples. For both accounts, dollars are deducted before federal or state taxes are calculated on

IMPORTANT DATES

FSA enrollment dates:	November 16, 2015, through December 4, 2015
Plan year begins:	January 1, 2016
Plan year ends:	December 31, 2016

your paycheck. Your taxable income is lower, therefore, you pay less taxes.

USE IT OR LOSE IT

FSAs have a 'Use it or Lose it' rule that requires you to use all the money in your FSA by the end of the plan year. 'Unspent' FSA dollars won't be returned to you and funds do not roll over to the next plan year.

When estimating how much you want to set aside in your FSA accounts, be very thoughtful. A basic cost estimator is on page 10 and an online calculator is available at <https://fccbenefits.com>.

Your EAP can also direct you to legal and finance experts.

- You can receive a 30 minute face-to-face or telephonic consult with an attorney at no charge. Additional visits are available at a 25% discount.
- A free 60 minute telephonic consult is available with a financial planning expert.

To access these services, contact your EAP at 1-800-354-3950 and for the hearing impaired 1-866-216-9926.

HEALTH CARE FSA

A health care FSA allows you to set aside part of your paycheck on a pre-tax basis and then use those dollars to pay for eligible out-of-pocket **health care** expenses.

- The dollars you set aside in your health care FSA account can be used to pay for eligible health care expenses for you, your spouse/domestic partner and your dependent children.
- The expenses do not need to be associated with your Cooperative health plan. For example, if you enrolled in health insurance through your spouse's plan, the deductibles and copays incurred under your spouse's plan are eligible to be reimbursed by *your* FSA dollars.



HOW A HEALTH CARE FSA SAVES YOU MONEY

Your health care FSA dollars are deducted from your paycheck before taxes are taken out. How much you save depends on the amount of your FSA elections and your income tax bracket. If you are in the 30 percent tax bracket, you can save \$30 in taxes for every \$100 that you put into your FSA. So, if you put \$1,000 into your health care FSA, you decrease your taxes by \$300. See example.

ANNUAL ELECTION

Your annual election is the total amount of FSA dollars you set aside each year. The maximum amount you can set aside into your health care FSA each plan year is \$1,200. The minimum amount is \$120.

- Your annual election is divided by 24 and taken out of your paychecks in equal installments. By the end of the plan year, you have contributed your full health care FSA annual election.
- Your full health care FSA annual election is available on the first day of the plan year.

WHEN HEALTH CARE FSA DOLLARS ARE AVAILABLE

Annual election	\$1,000
Amount available January 1, 2016	\$1,000

EXAMPLE

	COLUMN A Jane set aside \$1,000 into a health care FSA.	COLUMN B Jane did not set aside any FSA dollars.
Annual gross salary	\$40,000	\$40,000
Health care FSA election	- \$1,000	\$0
Adjusted gross salary	\$39,000	\$40,000
Taxes paid (30% tax bracket)	\$11,700	\$12,000
Tax savings	\$300	\$0

TERMINATION

If you stop working for the County or lose eligibility to participate in the FSA, your FSA plan will terminate at the end of the month and pre-tax deductions will stop. Out-of-pocket health care expenses for services performed after your termination date are not eligible for reimbursement. Health care FSAs may be eligible for continuation under COBRA. **NOTE:** You have three months from your account termination date to submit claims for expenses incurred during the time your FSA was active.

HEALTH CARE FSA ELIGIBLE EXPENSES

Only eligible expenses can be reimbursed under the health care FSA. These include eligible health care expenses for you, your spouse and your dependent children. The general rule of thumb to follow:

- If the expense is covered by your health plan, and you have a deductible or copay, you can use your FSA dollars to pay for your out-of-pocket expense. Examples would be your medical or dental deductible and pharmacy or office visit copays.
- If the expense is covered by your health plan, but there is an annual or lifetime limit, you can use your FSA dollars to pay for your out-of-pocket expenses. Examples would be dental expenses above the annual maximum, physical therapy visits beyond the 25 visit annual limit or hearing aid costs above the plan maximum.
- Then there are those out-of-pocket expenses for services or items not covered by your health plan. Examples include acupuncture, auto/home modifications for disability, and over-the-counter items like band-aids, incontinence supplies and pregnancy tests.

An abbreviated list of eligible and ineligible expenses is provided here. For a more expansive list visit <https://fccbenefits.com>. The Internal Revenue Service (IRS) website provides a complete list of eligible reimbursable expenses at https://www.irs.gov/publications/p502/ar02.html#en_US_2014_publink1000178885.

ELIGIBLE		INELIGIBLE
Health plan deductibles, including dental	Glasses, contact lenses and laser eye surgery	Elective cosmetic surgery
Health plan copays, including medical, pharmacy and vision	Transportation and travel expenses for medical care	Cosmetic dentistry, i.e. teeth whitening
Dental expenses over annual or lifetime maximums including orthodontia, implants or dentures	Acne treatment (physician prescribed for medical reasons)	Herbs, vitamins and supplements used for general health
Oxygen equipment	Wheelchairs, crutches and walkers	Missed appointment or finance charges
Glucosamine (prescribed for arthritis)	Orthopedic inserts	Funeral expenses
Smoking cessation programs	Home or auto modifications for disability	Diapers or diaper service
Acupuncture	Guide dogs	Services that take place before or after your coverage period
Hearing aids	Weight loss programs (physician prescribed for medical reasons)	Expenses that are reimbursed by another plan or program, including a health care plan

SPECIAL RULES FOR ORTHODONTIC EXPENSES

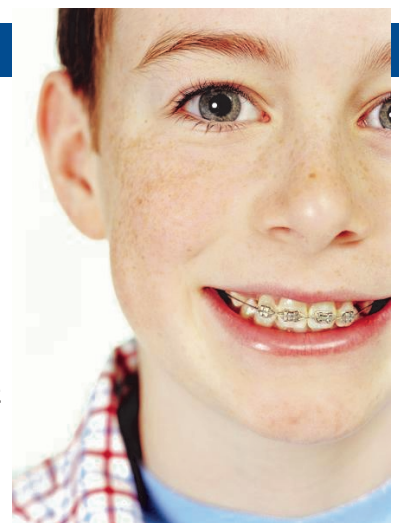
Orthodontic services aren't provided the same way as other types of health care. Most of the time, they are provided over a long period of time and may extend into the next plan year. As a result, the reimbursement process is different. Both payment options below require documentation.

ENTIRE COST OF TREATMENT

This method allows you to be reimbursed for the full amount of the orthodontic contract. You can do this only if you paid the full amount during the plan year, even if future service crosses over to the next plan year.

PERIODIC APPROACH

This method allows you to be reimbursed for the first round of treatment (usually called banding fees) and then monthly reimbursement after that.



HEALTH CARE FSA REIMBURSEMENT REQUESTS

Eligible health care expenses you incur during the plan year can be reimbursed through your health care FSA through one of two ways;

1. USE YOUR FSA BENEFITS CARD/MASTERCARD

One of the features of your health care FSA is the FSA Benefits Card/MasterCard, which gives you easy access to your health care FSA dollars. Swipe your benefits card (just like a regular bank card) and funds are automatically taken from your FSA account and paid to the provider.

Typically, you can use your FSA benefits card at medical offices (doctors, dentists, vision care), urgent care centers, hospitals, DME providers, etc. as well as grocery stores, discount stores and drugstores that use Inventory Information Approval System (IIAS). If you are ever in question whether you can use your card, just ask. Your card is activated the first time you use it. Your FSA MasterCard will be mailed to your home in a non-descript envelope. ***Please watch your mail for your card!*** It will arrive prior to January 1, 2016.

2. SUBMIT A PAPER CLAIM

Paper claim forms are available at <https://fccbenefits.com> and can be submitted for any eligible expense reimbursable by your FSA dollars. Paper claims and any required supporting documentation, i.e. receipts, etc., can be submitted to Businessolver (your FSA administrator) one of several ways:

- Email flexadministration@businessolver.com
- Upload Upload the claim form and supporting documents to <https://fccbenefits.com>
- Fax 1-855-883-8542
- Mail Businessolver Flex Administration
Claims Processing
PO Box 65948
West Des Moines, IA 50265

If you have elected to be reimbursed by Direct Deposit, your FSA funds are deposited directly into your bank account.

Otherwise, a check is mailed to you via US Mail.



EXAMPLE USING BENEFITS CARD

Let's say you go to a grocery store pharmacy that uses an IIAS. You need to fill a regular prescription, and you also want to get aspirin, which your doctor has prescribed for you. You first head to the pharmacy to request both prescriptions. Then you pick up bandages, gauze and hand sanitizer. Use your benefits card to pay for the eligible expenses: your regular prescription and the prescribed aspirin, bandages and gauze. You cannot use the card for hand sanitizer because it's not an eligible expense. You will need to pay for it in another way, i.e. cash.

Some benefits card expenses are approved without the need for supporting documentation - generally purchases at IIAS merchants and 'swipes' that pay for copays. Some expenses must be verified and require you to submit proof of your card purchases. Keep copies of all itemized receipts and other supporting documentation for each card purchase. The easiest way to submit such documentation if asked, is by uploading it to <https://fccbenefits.com>.

HEALTH CARE OR DEPENDENT CARE CLAIM ASSISTANCE
CALL BUSINESSOLVER AT 1-855-883-8541

DEPENDENT CARE FSA

A dependent care FSA allows you to set aside a part of your paycheck on a pre-tax basis and then use those dollars to pay for eligible out-of-pocket **dependent care** expenses, like daycare or preschool.

The same general eligibility provisions apply to the dependent care FSA as apply to the health care FSA. To participate in the dependent care FSA program, you must be eligible to participate in the health benefits program, although you do not need to be enrolled. A few additional IRS imposed requirements also apply. You must meet one of the following:

- You are unmarried.
- Your spouse works, is actively seeking work, is a full-time student, or is disabled and incapable of self-care.



- You are divorced or legally separated and have custody of your child even though your former spouse may claim the child for income tax purposes. Expenses associated with the child care services provided for the period the child resides with you are reimbursable.

HOW A DEPENDENT CARE FSA SAVES YOU MONEY

Your dependent care FSA plan works very similar to the health care FSA plan. Your FSA elections reduce your taxable income and results in a tax savings.

ANNUAL ELECTION

The maximum amount you can set aside into your dependent care FSA each plan year is \$5,000. This maximum applies if you are married and filing a joint return or if you are the custodial parent of a child. The minimum amount is \$120.

The annual election for your dependent care FSA account is significantly more than the health care account, therefore, can produce greater savings. If \$4,000 is set aside by an employee in a 30% tax bracket, annual tax savings of \$1,200 is realized.

DEPENDENT CARE FUNDS

One difference between the health care and dependent care FSA plans is when your funds become available to you. With your health care FSA, you have immediate access to your full annual election.

- With the dependent care FSA, you have access only to the amount that has been deposited into your FSA account.

WHEN DEPENDENT CARE FSA DOLLARS ARE AVAILABLE

Annual election	\$4,000
Amount available January 1, 2016	\$0
Amount deducted from the first pay in 2016, January 8th	\$166
Funds available on January 8, 2016	\$166
Amount deducted from the second pay in 2016, January 22nd	\$166
Funds available on January 22, 2016	\$332

TERMINATION

- There is no COBRA continuation option for dependent care FSA.

DEPENDENT CARE FSA ELIGIBLE EXPENSES

Only eligible expenses can be reimbursed under the dependent care FSA. You may use your dependent care FSA to pay for eligible dependent care expenses for the following individuals:

- A dependent child under the age of 13 who lives with you for more than half of the year;
- A tax dependent, such as a spouse, elderly parent, or child over the age of 13, who is physically or mentally incapable of self-care and lives with you for more than half the year.

NOTE: If parents are divorced, only the custodial parent is allowed reimbursement from the dependent care FSA, even if the child is not claimed on their taxes. The care provided must be for the purpose of you and your spouse, if married, to work or actively look for work.

SPECIAL CONSIDERATIONS FOR DEPENDENT CARE FSAs

REPORTING REQUIREMENTS

When participating in a dependent care FSA, you must identify all persons or organizations that provide care for your child or dependent. You do this by filing IRS Form 2441 - Child and Dependent Care Expenses - along with your Form 1040 each year.

DEPENDENT CARE FSA VS DEPENDENT CARE TAX CREDIT

You can't claim any other tax benefit for the tax-free amounts that you receive under the dependent care FSA. In limited situations, it may be to your benefit to take advantage of the tax credit rather than participate in the dependent care FSA. Be sure to talk to your tax advisor for advice.

INITIAL DEPENDENT CARE DEDUCTION AND REIMBURSEMENT

Your first payroll deduction for dependent care FSA funds will be January 8, 2016, another deduction will be taken on the 22nd, and again on the 1st and 2nd pay of each subsequent month. At the same time, you will need to pay your care provider. Until you have ample funds built up in your dependent care FSA account, you may experience more out-of-pocket than usual because you will be paying your care provider as well as having your dependent care deductions taken from your paycheck.

If you submit a reimbursement request for dependent care and there are not ample funds in your account to cover the entire cost, your FSA will pay up to the amount available in your account, and pay the outstanding amount once additional funds have been deposited.

ELIGIBLE	INELIGIBLE
Before and after-school care	Expenses paid to your spouse, your child under age 19, a parent of your child who is not your spouse, or a person who you or your spouse is entitled to a personal tax exemption as a dependent
Babysitter (in or out of your home)	
Preschool or nursery school	
Extended day program	
Nanny services (amounts paid for the actual care of the dependent)	Expenses related to care for a disabled spouse or tax dependent living outside your home
Summer day camp for your child, under the age of 13	Educational expenses such as summer school or tutoring
Au pair services (amounts paid for the actual care of the dependent)	Tuition for kindergarten and later grades
	Overnight camp
Elder day care for a qualifying individual	Food or incidental expenses (unless it can't be separated from care)

EAP ASSISTANCE

If you have questions about how a dependent care FSA may benefit you, your EAP can direct you to legal and finance experts.

Initial consultations with an attorney or tax expert are provided to you at no charge. Additional services may be at a discount.

Contact your EAP at 1-800-354-3950 and for the hearing impaired 1-866-216-9926.

DEPENDENT CARE FSA REIMBURSEMENT REQUESTS

Eligible dependent care expenses you incur during the plan year can be reimbursed one of two ways:

1. SUBMIT A PAPER CLAIM


Pay your provider out-of-pocket and then submit a paper reimbursement/claim form. The form is available at <https://fccbenefits.com>. Go to the Reference Center and select Flexible Spending Account. You may be required to provide verification of these expenses, so keep all documents. Submit the claim form to Businessolver (your FSA administrator) one of several ways:

- Email flexadministration@businessolver.com
- Upload Upload the claim form and supporting documents to <https://fccbenefits.com>
- Fax 1-855-883-8542
- Mail Businessolver Flex Administration
Claims Processing
PO Box 65948
West Des Moines, IA 50265

If you have elected to be reimbursed by Direct Deposit, your FSA funds are deposited directly into your bank account. Otherwise, a check is mailed to you via US Mail.

2. USE YOUR FSA BENEFITS CARD/MASTERCARD

Ask your dependent care provider if they are able to accept payment via your FSA Benefits Card/MasterCard. (It is the same card you use for health care transactions.) If so, swipe your card! Whatever funds are in your dependent care account at the time of the swipe will be available for payment to the provider.



Flexible Spending Account Claim Form

Do not use this form for swipe card transactions

EMPLOYER NAME: _____

Employee's Name: _____

Mailing Address: _____

Email Address: _____

Telephone #: _____ (____) _____

Total Healthcare Reimbursement Requested: \$ _____

Total Dependent Care Reimbursement Requested: \$ _____

Date of Service	Provider Name	Description	Amount
			\$
			\$
			\$
			\$
			\$

The undersigned Employee certifies that all expenses hereby submitted are for services incurred during the current Plan Year. Furthermore, by signing, the Participant also certifies that these expenses are not reimbursable, in whole or in part, under any other plan of insurance or other benefit. The Employee understands that he/she is responsible for the accuracy and veracity of expenses submitted and that he/she may be responsible for any tax consequences and/or penalties arising from improper submission and reimbursement of the above expenses under the Participant's Section 125 Cafeteria Plan.

Signature/Date: _____ / _____

Please attach all receipts and proof of expenses to this form.

Mail completed form and receipts to: Section 125 Claims Department
Businessolver, Inc.
PO Box 65948
West Des Moines, IA 50265

OR Fax to: 855-883-8542
For Claims inquiries, please call: 855-883-8541
OR
Email to: flexadministration@businessolver.com

DIRECT DEPOSIT AUTHORIZATION

A Direct Deposit Authorization form is available at <https://fccbenefits.com>. Direct deposit allows Businessolver to deposit FSA funds that are payable as a result of a paper claim directly into the bank account of your choosing. Without direct deposit, you are reimbursed by check. You must supply a voided check in order to establish direct deposit.

ESTIMATING FSA ELECTIONS

Medical: Jane may need foot surgery if physical therapy doesn't work. She's scheduled 5 therapy sessions per her physician's recommendations. She'll have a \$200 deductible if she needs the surgery, **but she's not sure she'll need surgery. She will have a \$20 copay for each therapy session.**

Pharmacy: Jane fills a monthly prescription with a \$25 copay. **She will be on this medication her entire life.**

Contacts: Jane's vision benefits cover a 6 month supply of contact lenses. **She will need to pay out-of-pocket for the remaining 6 months.**

OTC Items: **Jane may need a few over-the-counter (OTC) items throughout the year.** She estimates the cost to be about \$25.

Orthopedic inserts: Jane must pay the full cost because inserts are not covered by her insurance. **She'll only need them if she gets the surgery.**

Daycare: Jane has a daughter, Lily, who goes to daycare if Jane's mom can't watch her. If Lily goes to day care every single week, it would cost Jane about \$3,900 a year. **But Jane's mom has committed to watching Lily about half of that time so Jane's dependent care costs for the year will be reduced to around \$2,000.**

Expenses	Health care	Dependent care
Medical deductible	\$200	n/a
Therapy copays \$20 copay x 5 therapies	\$100	n/a
Pharmacy expenses \$25 x 12 months	\$300	n/a
Contact lenses	\$300	n/a
OTC items	\$25	n/a
Orthopedic inserts	\$300	n/a
Daycare for daughter \$75 x 52 weeks	n/a	\$3,900 \$2,000
TOTAL estimated out-of-pocket expenses	\$1,225 \$725	\$3,900 \$2,000

USE IT OR LOSE IT

Remember the 'Use it or Lose it' rule? The 'Use it or Lose it' rule states that any 'unspent' FSA dollars will be forfeited at the end of the plan year. Funds will not be returned to you and they will not rollover to the next plan year.

In the example above, Jane estimates her expenses conservatively. She's not sure about the **surgery** and **orthopedic inserts**, so she doesn't include those in her estimations. And she reduces the amount of **dependent care** out-of-pocket costs because of her mom's commitment to watch Lily.

LIFE EVENTS AND YOUR FSA

Changes to your health and dependent care FSA elections can only be made when certain Life Events occur.

Your requested change must be consistent with the event that prompted the election change. For example, if you adopt a baby, you may want to increase your health and/or dependent care elections to accommodate the added medical expenses and/or day care costs you may incur for this adopted child. However, in general, you could not decrease your dependent care elections for that life event.

Life Events

Change in:

- Marital status
- Employment status
- Number of tax dependents
- Dependent's eligibility (no longer < 13)

Birth

Adoption or placement for adoption

Death of spouse or dependent

Change in dependent care provider, coverage or cost (dependent care elections only)

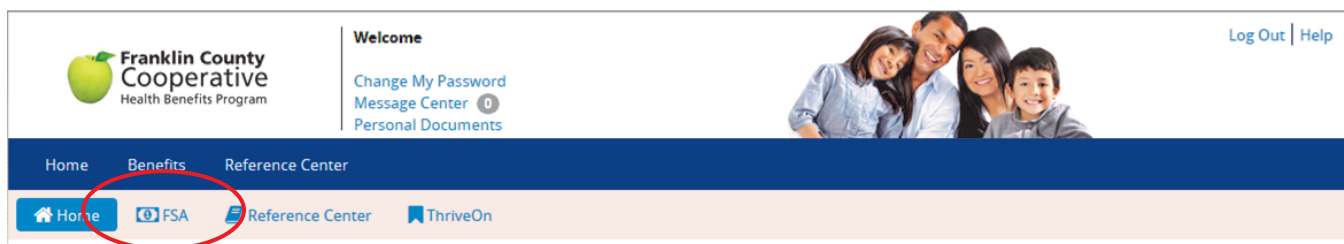
FSA WORKSHEET

Here is a very basic worksheet that allows you to estimate your health and dependent care expenses. This will help you determine your FSA elections. Be conservative in your estimates, since any 'unspent' money cannot be returned to you.

HEALTH CARE FSA	DEPENDENT CARE FSA
<p>Estimate your eligible out-of-pocket health care expenses for the plan year. Your annual election cannot exceed \$1,200.</p> <p>Please refer to the list of eligible and ineligible expenses when estimating your eligible out-of-pocket expense.</p> <p>Deductibles or copays for medical, pharmacy, dental or vision \$ _____</p> <p>Over-the-counter items \$ _____</p> <p>Orthodontia \$ _____</p> <p>Medical devices such as hearing aids or orthopedic inserts \$ _____</p> <p>Eye glasses, contact lenses or laser eye surgery \$ _____</p> <p>Transportation or travel cost to medical care \$ _____</p> <p>Other \$ _____</p> <p>TOTAL:</p> <p>No more than \$1,200 \$ _____</p> <p>Divide the TOTAL by 24. This is your monthly FSA election, i.e. the amount set aside for health care from your paycheck. \$ _____</p>	<p>Estimate your eligible dependent care expenses for the plan year. Your annual election cannot exceed \$5,000.</p> <p>Please refer to the list of eligible and ineligible expenses when estimating your eligible out-of-pocket expense.</p> <p>Day care services \$ _____</p> <p>In-home care \$ _____</p> <p>Nursery or preschool \$ _____</p> <p>Before and after-school care \$ _____</p> <p>Summer day camp \$ _____</p> <p>Elder day care services \$ _____</p> <p>Other \$ _____</p> <p>TOTAL:</p> <p>No more than \$5,000 \$ _____</p> <p>Divide the TOTAL by 24. This is your monthly FSA election, i.e. the amount set aside for dependent care from your paycheck. \$ _____</p>

ONLINE ESTIMATOR AT <https://fccbenefits.com>

A more detailed cost estimator is available at <https://fccbenefits.com>. Go to the FSA widget.



ENROLLING IN YOUR FSA: <https://fccbenefits.com>

ENROLLMENT PERIOD

The enrollment period for your FSA program begins November 16, 2015 and ends December 4, 2015. All enrollments will be conducted online through our new online enrollment system at: <https://fccbenefits.com>. Follow these steps:

1. On your first visit to the system, you will need to Register.

2. Upon selecting Register, record the following information:

- Your social security number
- Your date of birth
- The company key: **fcc** (all lowercase)

3. Click Continue and you will be asked to create an account. You will create your User Name, Password and Security Question.

ENROLLING IN YOUR FSA: <https://fccbenefits.com>

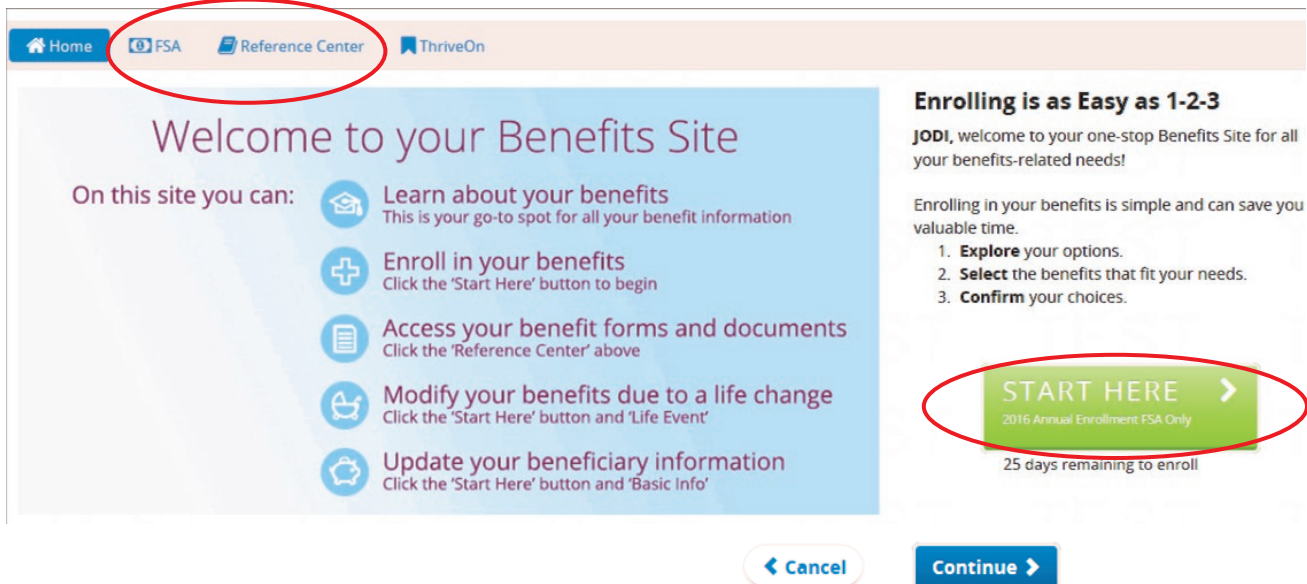
4. **When you have successfully registered, you will receive this message.** Click Continue to be taken back to the login page where you can enter your new User Name and Password and access the system.

Confirm

You have successfully registered. Click the "continue" button and enter your new information on the login page.

Continue >

5. **You will be welcomed to the site and asked to agree to a disclaimer.** You will then be taken to the home page. Take note of the FSA widget and Reference Center at the top of the page.



6. **Click the green Start Button to begin your FSA enrollment.** Confirm your Personal Information. Record your FSA elections. Select 'I Agree' to complete your FSA elections.

EFFECTIVE DATE

The plan year for your FSA begins January 1, 2016, and ends December 31, 2016. Health care services and supplies must occur or be purchased during this period. No out-of-pocket expense which is incurred after December 31, 2016, is eligible for reimbursement. You have until March 31, 2016, to submit all reimbursement requests. Similarly, dependent care services must be provided during the plan year or coverage period to be eligible.

PAYROLL DEDUCTIONS

Payroll deductions will begin in January for your health and dependent care FSA elections. Your annual election will be divided by 24. 1/24th of your annual election will be deducted from the first and second pays of each month. There will be two deductions: one for health care and one for dependent care. Your agency will ask you to sign an authorization to deduct your FSA elections.

COOPERATIVE-WIDE FSA EMPLOYEE MEETINGS

The Franklin County Benefits Office is conducting employee meetings as illustrated below. If you have no previous experience with FSA plans and are interested in participating in the Cooperative's FSA plan, you are encouraged to attend the meeting that is most convenient to you. If you are unable to attend an employee meeting and have questions about the FSA program, please contact the Franklin County Benefits Office.

Mon, Nov 9 NO MEETINGS	Tue, Nov 10 NO MEETINGS	Wed, Nov 11 HOLIDAY NO MEETINGS	Thu, Nov 12 9am JFS West 9:30am Pickaway Service Cntr 11am Pickaway Annex Bldg 2pm Auditor	Fri, Nov 13 10am Prairie Township Admin Bldg 3pm Auditorium ALL EMPLOYEE
Mon, Nov 16 9am MORPC 1pm Soil & Water 3pm Probate Ct	Tue, Nov 17 9am JFS Mt Vernon Ave 10am Children Srvs Frank Rd 10am and 2pm Hall of Justice, Room 3 ALL EMPLOYEE 3pm Pickaway BDD	Wed, Nov 18 9am and 10:30am Northland JFS including Print Shop and Board of Education 2pm and 3pm Children Srvs East Main St	Thu, Nov 19 9am Engineer 11:30am Treasurer 1:30pm Fleet, CBCF, Sheriff Patrol 2:30pm Common Pleas Hall of Justice, Room 3	Fri, Nov 20 9am ADAMH 10am and 11:30am Children Srvs Mound St 3pm SWACO
Mon, Nov 23 9am EDP 2pm Metro Parks Blacklick Woods	Tue, Nov 24 9am EMA Strawberry Farms 10am and 2pm Auditorium ALL EMPLOYEE 2pm Coroner	Wed, Nov 25 NO MEETINGS	Thu, Nov 26 HOLIDAY NO MEETINGS	Fri, Nov 27 NO MEETINGS
Mon, Nov 30	Tue, Dec 1 9am Memorial Hall ALL EMPLOYEE 9am Hall of Justice, Room 1 ALL EMPLOYEE	Wed, Dec 2 9am Hall of Justice, Room 2 ALL EMPLOYEE 2:30pm and 3:30pm CSEA E Fulton	Thu, Dec 3 2pm Prosecutor Meeting Room B	Fri, Dec 4

THINGS TO WATCH FOR ...

FORMULARY CHANGES

OptumRx (formerly CatamaranRx) is making significant changes to the prescription drug formulary/preferred drug list effective January 1, 2016. Changes are also being made to the step therapy and prior authorization programs.

Many members are insulated from these changes. If you received a letter regarding a change that could possibly impact you, please contact OptumRx for more information. The phone number for OptumRx is on the back of your CatamaranRx pharmacy identification card.

I095-C FORM

Be watching your mail in January for your I095-C form. This form illustrates the health insurance coverage provided to you and your dependents through the Cooperative during the months of January through December, 2015.

A provision within the Affordable Care Act (ACA) requires all individuals to maintain health insurance coverage or pay a penalty. This form can be used to show that you and your covered dependents fulfilled that requirement. You may be asked to submit the form with your 2015 tax documents. For more information consult your tax advisor.

W-2 HEALTH CARE COSTS

The Affordable Care Act (ACA) requires your employer to report the cost of your health benefits on your W-2. This reporting is for information purposes only. The reported cost of your health care benefits represents both your contribution as well as your employer's contribution. Look for Box 12 on your W-2. The amount labeled "Code DD" is your reported health care cost.

OPEN ENROLLMENT

Annual Open Enrollment is February 2, 2016, through February 19, 2016. All changes made during annual open enrollment will be effective April 1, 2016.

Franklin County Benefits and Risk Management Department

Franklin County Courthouse
373 S. High Street, 25th Floor
Columbus, OH 43215
Website: <http://bewell.franklincountyohio.gov>
Local: 614-525-5750
Toll-free: 1-800-397-5884
Email: Benefits@franklincountyohio.gov
Hours: M-F, 8am - 5pm

Thrive On

Thrive On: 614-525-5750 or 614-525-3948
Thrive On Email: ThriveOn@franklincountyohio.gov
Website: <http://bewell.franklincountyohio.gov>

Fairfield County Benefits Office

239 West Main Street
Lancaster, OH 43130
Local: 740-652-7893
Hours: M-F, 8am - 4:30pm

Pickaway County

Pickaway County Commissioner's Office
April Dengler
Local: 740-420-5450
Fax: 740-474-8988
Email: adengler@pickaway.org
Hours: M-F, 8am - 5pm

The *Spotlight* is developed by the Franklin County Benefits and Risk Management Department at the Franklin County Board of Commissioners, in partnership with the Franklin County Cooperative Health Benefits Program. More information can be found through the Franklin County Benefits Office, 373 S. High Street, 25th Floor, Columbus, OH 43215.